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TO: Economic Support Supervisors

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Communications Section

Bureau of Health Care Eligibility Division of Health Care Financing

BHCE/BWP OPERATIONS MEMO					
No: Date:	04-44 09/02/2004				
FS CTS FSET JAL WIA Other		MA CC EA JC WtW *		SC W-2 CF RAP	

SUBJECT: Medicaid Family Care – Level of Care Refresher

CROSS REFERENCE: Operations Memos 01-77, 03-29

EFFECTIVE DATE: Immediately

PURPOSE

This memo outlines the process of determining the Level of Care (LOC) for Family Care recipients. Also attached is a LOC Desk Aid that can be used when processing a Family Care case.

BACKGROUND

In late 2003, it was discovered that for a number of Family Care individuals, the correct LOC information was not entered into CARES. This resulted in incorrect payments to the Family Care Care Management Organizations (CMOs). This memo is a refresher of the LOC policy to encourage the correct entry of information so that the correct eligibility criteria will be used and the capitation payment is accurate.

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PROCESS REFRESHER

In the Family Care program, an individual's LOC is determined via the Long-term Care Functional Screen (LTCFS). The LTCFS is completed by the Resource Center (RC) for all initial screens and either the RC or CMO for annual recertification. The LOC from the LTCFS determines functional eligibility for Long Term Care services for the individual. The LOC information and determination date is manually passed to the Economic Support (ES) agency worker, who enters the LOC information (functional level of care and enrollment/effective date), in CARES and determines the individual's Medicaid (MA) and Family Care eligibility. The LOC information is sent electronically from the CARES system and entered into the MMIS system. The LOC entry determines:

- Whether the individual can be tested for MA using the higher waiver special income limit, \$1692 or the EBD medically needy limit of \$591.67, and
- Whether an individual can be eligible for Family Care, and
- The appropriate capitation payment to the CMO. (Because the LOC determines the capitation payment, accurate and timely LOC information must be entered in CARES).

FAMILY CARE FUNCTIONAL CARE LEVELS

There are four Family Care functional care levels:

- 1. Grand-fathered (G)
- 2. Intermediate (I)
- 3. Comprehensive non-nursing home (C-COM)
- 4. Comprehensive nursing home (C-CNH)

Both Comprehensive non-nursing home and Comprehensive nursing home LOC are entered on ANFR and are listed on the attached desk aid as "C". The CMO receives the same capitation rate for both Levels of Care.

However, MA eligibility is not the same for both comprehensive Levels of Care. The comprehensive nursing home LOC designation indicates the individual is functionally eligible to be tested for MA using the Community Waiver eligibility criteria. The comprehensive non-nursing home level of care means that in the Family Care program, MA eligibility cannot be determined using community waiver eligibility criteria. A Family Care applicant who receives a comprehensive non-nursing home LOC determination may access the Family Care benefit through regular MA eligibility logic or non-MA Family Care eligibility criteria. Refer to Operations Memo 03-29 for more details on Family Care non-MA eligibility.

Individuals with an Intermediate LOC may also access the Family Care eligibility through regular MA eligibility criteria or Family Care non-MA if the individual meets the Family Care non-MA freeze exception criteria. Refer to Operations Memo 03-29 for more details on Family Care non-MA eligibility.

CARES ENTRY

In Family Care, the only care level which allows a person to access the expanded eligibility of the Community Waivers MA logic is the "Comprehensive-Nursing Home (CNH)" level of care.

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At initial enrollment make entries on the appropriate CARES screens as follows:

- 1. If the functional care level is (I) Intermediate, (G) Grandfathered or (C-COM) Comprehensive non-nursing home:
 - a. Complete ANFR with the appropriate LOC code (FamilyCare functional eligibility "G" "I" or "C") and enter the LOC Eligibility Determined On date in the "begin MMYY" and "enrollment date" fields.
 - **NOTE** > "C" is used for both comprehensive non-nursing home and comprehensive nursing home levels of care.
 - b. Complete ANCW with community waivers functional eligibility as "N" for "no" with the application month and year entered on the begin MMYY field.
 - No waiver logic is triggered. The MA determination is done for appropriate non-waiver MA categories. If no MA eligibility is found, Family Care non-MA eligibility is determined.
- 2. If the functional care level is (CNH) Comprehensive-nursing home:
 - a. Complete ANFR with the appropriate LOC code (Family Care functional eligibility "C") and enter the LOC Eligibility Determined On date in the "begin MMYY" and "enrollment date" fields.
 - b. Complete ANCW with community waivers functional eligibility as "Y" for "yes" and enter the LOC Eligibility Determined On date in the "begin MMYY" and "Community Waiver Program Start Date" fields.

Waiver logic is used to determine eligibility. If no MA eligibility is found, Family Care non-MA eligibility is determined.

For <u>subsequent</u> LOC changes, follow the process outlined above for the new LOC. If the change is from Comprehensive Nursing Home LOC to any other LOC, update the "effective MMYY" on ANCW with the new LOC Eligibility Determination date and answer N to the "Community Waiver Functional Eligibility" question.

ATTACHMENT

Family Care – LOC Desk Aid is attached to assist in processing these cases.

CONTACTS

BHCE CARES Information & Problem Resolution Center

★Program Categories – FS – Food Stamps, MA – Medicaid, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – Food Stamp Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WtW – Welfare to Work, WIA – Workforce Investment Act, Other EP – Other Employment Programs.